IO24431

Bayer CropScience

September 4, 2012

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of July 2012

Dear Sir/Madam:

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel. 919 549-2000

Reportable incidents accumulated for the month of July 2012 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

We appreciate the extra time to properly process these reports granted by EPA. If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***9/4/2012***	Contact person (if different than reporter)	Internal ID ***1004820-1***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Cedar Hill, TX USA 07/06/2012***	Date registrant became aware of incident. ***07/10/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, Sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Brief description of incident circumstances.

Swedlund, Christy Jul 10 2012 10:33AM
warm transfer
\verified EPA # 72155-80

Hx: Caller states that she had sprayed the product in the house 4 days ago. Two days ago her 12mo dog started to sneeze, stopped eating and drinking, started vomiting and seemed to have abdominal pain and was lethargic. She left to go to the store the day her dog developed sxs and when she came back her dog had passed away. Caller could not afford to take her dog to the DVM. Yesterday caller started to feel chest pain, gas, diarrhea, vomiting, lethargy and just does not feel well. She states her sxs are worse today. She is asking if spraying the product in the house would have caused the sxs. Caller is wondering if she and her dog have West Nile virus.

A: We are very sorry for your loss. Explained to caller the safety of the product and the low concentration of the active ingredients in this product. There was no direct exposure to the product outside of it just being used inside the home. Went over typical sxs if there had been an ingestion or dermal exposure etc. We would not expect the delayed sxs described. May need to consider other causes. Recommend MD eval. Bring product information with you and have the doctor contact us using your case reference number if more information or consultation is needed
****
Yeager, Greg Jul 11 2012 10:54AM
CB complete. Caller was evaluated by MD yesterday, and was treated for heartburn. Caller is unsure of the specific treatments. Caller still has some sxs today, and will follow up with MD if sxs persist or worsen.

If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment.
****
LeMaster, Steve Jul 12 2012 9:35AM
notified client

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 53 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
3 days or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Cardiovascular-Chest Pain (inc non-cardiac)
Gastrointestinal-Bloating/gas
Gastrointestinal-Diarrhea
Gastrointestinal-Emesis/Vomiting
Miscellaneous-Malaise
Neurological-Drowsiness/Lethargy
Neurological-Headache</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1004820-1</td></tr>
</table>

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***9/4/2012***	Contact person (if different than reporter)	Internal ID ***1007085***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Cincinnati, OH*** ***USA*** ***07/08/2012***	Date registrant became aware of incident. ***07/13/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, Sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Other Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

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Brief description of incident circumstances.

Keyler, Courtney Jul 13 2012 6:07PM
Hx: Caller states his brother used the product 5 days ago. 24 hours later he developed shortness of breath, he has a 'tough time breathing' and his urine is dark and he has been constipated for the last 5 days. Caller states that his brother also fainted that same day. Caller wishes to know if there is an antidote for this.

A: These are not typical effects we would see from the use of the product. Product may release an odor that could be strong and irritating to the respiratory track which could then cause respiratory irritation, coughing, headache. Typically sxs would resolve after getting fresh air for 20 minutes. We would not expect it to cause significant effects. There is no antidote for this, however he needs to go into ER as breathing tx may be given, along with other tx. Have MD call if they have any questions. If you have any other questions or concerns please callback 24/7.
****
Yeager, Greg Jul 19 2012 12:55PM
CB complete. Brother was evaluated in ER. Caller states MD found nothing wrong with his brother, and he was sent home with no treatments. Brother has been doing better in the past few days.

If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 63 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Inhalation/Respiratory</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
24 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Constipation
Neurological-Syncope/Fainting
Respiratory-Dyspnea/Shortness of Breath
Genitourinary-Urine discoloration</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</td></tr>
</table>

Internal ID #
1007085

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***9/4/2012***	Contact person (if different than reporter)	Internal ID ***1010698***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Alpharetta, GA USA 07/19/2012***	Date registrant became aware of incident. ***07/20/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (24 oz)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation ***Liquid***	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Brief description of incident circumstances.

Billings, Sharon Jul 20 2012 9:43AM
Tfr from Kirstin

Hx: Caller used product in his home, sprayed it in a large room but not on mattress or chair, about 22 hours ago; he used product because he had hives that were thought to be insect bites prior to using the product. Caller was then gone from the area and returned about 10 hours ago. When sitting in a chair in the room that had been treated, caller developed heaviness in his chest, had trouble breathing, and felt nauseous and dizzy. He moved to another area in the same room. After time, sxs abated and resolved. Although he does not notice the odor of the product, this morning he reports that he noted sxs returning. He opened windows to ventilate the area, has taste sensation of the product in his mouth. At time of call, caller is reporting dizziness. Caller believes sxs are caused by being in proximity to upholstered furniture that was in the room that he treated. He expresses dissatisfaction that the product label does not warn of these sxs and wants to know what he can do to get rid of the product. Caller mentioned legal action (stated that he is not a person who normally considers this).

A: Although individuals may have sensitivities to any ingredient(s), sxs reported would not be anticipated with labeled use; consider additional causes. Ventilation of the treated area and fresh air would be recommended. If sxs persist or if any difficulty breathing is noted, recommend you contact your health care provider. Please feel free to share case# with your health care provider. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment or determine if referral to a healthcare professional might be needed. Gave case#, cb prn.

Notified LT

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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<table>
<tr><td>Demographic information:
Age: 64 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
24 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Nausea
Neurological-Dizziness/vertigo
Respiratory-Dyspnea/Shortness of Breath</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
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Internal ID #
1010698</td></tr>
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